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**FACTORS THAT INFLUENCE
FAMILY NURSE PRACTITIONER
JOB SATISFACTION**

by

JEFFREY M. BISHOP

**A Thesis
Submitted in Partial Fulfillment of the Requirements
For the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women**

COLUMBUS, MISSISSIPPI

August 1999

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Factors That Influence
Family Nurse Practitioner
Job Satisfaction

By

Jeffrey M. Bishop



Associate Professor of Nursing
Director of Thesis



Instructor of Nursing
Member of Committee



Instructor of Nursing
Member of Committee



Director of the Graduate School

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Abstract

Job satisfaction influences employee retention, employee self-actualization, worker productivity, and performance quality. This study investigated the factors that influence family nurse practitioners' (FNPs) job satisfaction and job dissatisfaction. Additionally, the study was an attempt to ascertain the intrinsic and extrinsic factors as well as the general level of job satisfaction. A descriptive survey design with a triangulated approach utilizing quantitative and qualitative methods was used. Job satisfaction was conceptualized based on Frank Herzberg's dual-factor theory of satisfaction and motivation. A random sample of 100 FNPs was surveyed with the Minnesota Satisfaction Questionnaire-Short Form and a researcher-designed Demographic Data Questionnaire that also contained two open-ended questions concerning job satisfaction. The responses to the two questionnaires were analyzed using inferential and descriptive statistics. Content analysis was used on the two write-in response questions to identify common themes. Findings suggested that most FNPs in the study were moderately or highly satisfied with their jobs. In addition, the researcher found that the level of intrinsic job satisfaction in the majority of the subjects was high and that the extrinsic satisfaction levels were somewhat lower with 20% of the sample dissatisfied with the extrinsic aspects of their work. Factors found to influence job satisfaction the most in rank order were social service, ability utilization, achievement, moral values, responsibility, social status, and independence. In rank order, the factors found to influence job dissatisfaction the most were company policies and practices, supervision-human relations, advancement, compensation, recognition, co-workers, and supervision-technical. Six common themes were identified from the open-ended question concerning the most satisfying aspects of FNPs' jobs. The six themes concerning

satisfaction included patient interaction and ability to help people, personal growth and learning, autonomy and independence, opportunity to educate patients and students, benefits, and support from physicians and co-workers. Additionally, six common themes were identified from the open-ended question concerning the most dissatisfying aspects of FNPs' jobs. These six themes were managed care and reimbursement issues, supervision and management, lack of benefits and low salary, extra responsibilities, patient issues, and finally lack of recognition. Implications for the areas of nursing practice, health administrators, nursing educators, and research are given. Recommendations for further study include replication of the study with a population representing other states or perhaps a longitudinal study.

Dedication

I dedicate this study to my father and mother. I owe all that I am to you.

I love you.

Acknowledgments

I would like to express my sincere thanks to my family and friends who have provided the much needed encouragement, support and love required during this past year. I would also like to express my deepest appreciation to Dr. Lynn Chilton, my advisor and chairperson of my research committee, whose help and support have been invaluable this year. I would also like to thank Sandra Faulkner and Teresa Hamill, members of my research committee, for all the assistance they have provided. Finally, I thank God for allowing me this opportunity and with whom all things are possible.

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Chapter I

The Research Problem

Family nurse practitioners (FNPs) are highly qualified as primary care providers in a comprehensive health care system because of their advanced education and training. Studies have shown that FNPs are more effective than physicians at providing services that depend on communication with patients and preventive actions, such as personalized care and health promotion (Brown & Grimmer, 1993; US Office of Technology Assessment, 1986). Studies clearly document the contribution made by nurse practitioners in increasing access to care delivery, quality of care, and cost containment (Brown & Grimmer, 1993).

Since the efficacy of FNP health care services has been established, an important concern for primary care is the retention of FNPs. Health administrators can optimize the use of FNPs by responding to their inner motivations and by minimizing sources of dissatisfaction in the work environment. The eventual success of maintaining the FNP's role in our health care system will depend on the level of job satisfaction experienced by the FNP (Tri, 1991).

Establishment of the Problem

It has been reported that a majority of FNPs experienced dissatisfaction with their prior nursing jobs (Koelbel, Fuller, & Misener, 1991). The expanded role of the FNP may provide a high degree of satisfaction potential due to the expansion of responsibilities beyond the scope of the traditional nursing role. The FNP role includes areas of health care that had been solely under the jurisdiction of physicians (Page & Arena, 1994). Some

of the FNP's responsibilities include comprehensive history taking, physical examinations, clinical diagnosis, and planning and implementing therapeutic treatments including medications, health teaching, counseling, and promotion.

The FNP role allows more autonomy in patient care. Increased participation in direct patient care permits the FNP to become more competent, knowledgeable, and in a better position to be recognized for their achievements. The sense of performing interesting and challenging work, responsibility, potential for growth, and recognition as professionals could result in a high level of job satisfaction for FNPs.

Conversely, FNPs could be dissatisfied with their expanded nursing role due to salary, status, working conditions, security, supervision, company policy, and response from other health care professionals (Tri, 1991). Traditional attitudes, such as subordination of nurses, gender segregation, and the apprenticeship model of nursing, may impede the progress of nurse practitioners into their new role leading to job dissatisfaction. The general language used to define FNP responsibilities in many states' nurse-practice acts may lead to varied interpretations and ambiguity in the role of the FNP. These issues could negatively effect the level of job satisfaction in the FNP.

It is unclear if FNPs currently are or are not satisfied with their jobs, since there has been a sparcity of recent research in this area. Dissatisfaction in their traditional nursing role has led many of them to become more educated and expand their role (Koelbel, Fuller,& Misener, 1991). Although much research has been completed on job satisfaction of registered nurses, little exists concerning which aspects of the nurse practitioner's job and work environment contribute to job satisfaction and dissatisfaction. Furthermore, nearly all of the research available on nurse practitioner satisfaction was conducted in the 1980s before many of the changes were made affecting health care. Studies concentrating on family specialty are essentially nonexistent. Further research is necessary to determine the level of job satisfaction among FNPs in today's health care system.

Significance to Nursing

Research concerning job satisfaction of FNPs has significance for nursing in several areas. These areas include practice, administration, education, and research. Research related to FNP job satisfaction impacts nursing practice in several ways. For FNPs, a better understanding of factors that influence their job satisfaction may provide self-actualization. The FNPs may be motivated to become active participants in determining their future by making changes in their roles within their practice settings. Patients could benefit from FNP job satisfaction due to better performance and continuity of care. Job satisfaction of FNPs may benefit the patients, co-workers, and employers (Tri, 1991). For health administrators, the results from a study on job satisfaction could help them alter the work-related factors found to produce the most dissatisfaction and capitalize on the satisfying factors. These actions could increase employee retention, worker productivity, and the quality of performance. The community could also benefit with the long-term payoffs of improved availability of health care and cost containment at clinics with FNPs. Nurse educators could benefit from the information obtained in this study by updating academic programs to better prepare students entering the role of family nurse practitioner and guide them in recognizing challenging and rewarding job opportunities. Curricula in FNP programs could incorporate teaching students about factors that lead to satisfaction and dissatisfaction in the clinical setting. A better understanding of the level of job satisfaction and factors influencing job satisfaction in the FNP could improve numerous aspects of nursing. Application of the information gained could stimulate further research in the area.

Conceptual Framework

The general theoretical framework for this study was Herzberg's dual-factor theory of job satisfaction and motivation (Herzberg, Mausner, & Synderman, 1959). Herzberg proposed that job satisfaction and job dissatisfaction are not opposites but represent two

separate continua. Therefore, the two phenomena must be produced by different factors and have their own dynamics. The intrinsic work factors, known as the satisfiers, form the satisfaction-no satisfaction continuum, whereas the factors extrinsic to work, known as dissatisfiers, comprise the dissatisfaction-no dissatisfaction continuum (Herzberg et al., 1959).

Herzberg concluded that intrinsic factors are derived from the performance of the job itself. The intrinsic factors named were achievement, recognition, work itself, responsibility, advancement, and potential for growth. These satisfiers were labeled "motivators" since they are thought to enhance job performance (Herzberg, 1966).

Herzberg believed that the extrinsic factors or dissatisfiers emanate from the work environment. He considered dissatisfiers to include working conditions, interpersonal relations, salary, status, security, supervision, and policies and administration. These dissatisfiers were termed "hygiene" or "maintenance" factors since they were considered to only prevent job dissatisfaction (Herzberg, 1966). Dissatisfaction factors will move workers temporarily but not motivate them. For motivation to occur, satisfaction factors must come into play. Herzberg's theory focuses on the intrinsic and extrinsic factors contributing to job satisfaction but does not address individual differences or overall job satisfaction. Individual differences may influence whether an individual perceives factors as satisfying or dissatisfying. These differences of personal and work background, such as age, educational level, and gender have been found to influence job satisfaction (Weisman, Dear, Alexander, & Chase, 1981). Some workers may dislike some aspects of his/her job but feel the job is acceptable overall; on the other hand, some workers may dislike a flawless job. For this reason, an overall measure of job satisfaction, referred to as general job satisfaction, is combined with Herzberg's theory. Herzberg's original work focused on accountants and engineers, but the concepts of motivation and satisfaction are applicable to healthcare fields and have frequently been applied to research in nursing. As the structure in healthcare changes and roles of individuals supporting healthcare shift,

considering factors that facilitate motivation and curb dissatisfaction must be considered. Herzberg's principles form an excellent foundation for understanding job satisfaction in the FNP.

Assumptions

The assumptions underlying this study were as follows:

1. Family nurse practitioners have a definitive level of job satisfaction.
2. Family nurse practitioners who participated in the study responded honestly to the questionnaires.
3. Extrinsic and intrinsic factors, as defined by Herzberg, contribute to a level of job satisfaction.

Statement of the Problem

FNPs may or may not be satisfied with their jobs. The levels of satisfaction and factors influencing job satisfaction of the FNP have not been adequately described. Improved insight into this area could benefit health administrators, nurse educators, family nurse practitioners, patients, and the community.

Purpose of the Study

The purpose of this study was to explore the factors that influence FNPs' job satisfaction and job dissatisfaction. Additionally, the study was an attempt to ascertain the intrinsic and extrinsic factors as well as the general level of job satisfaction among FNPs.

Research Questions

Within the context of Herzberg's dual-factor theory of job satisfaction and motivation, this study addressed the following research questions:

1. What is the general level of job satisfaction of FNPs?
2. What is the intrinsic level of job satisfaction of FNPs?

3. What is the extrinsic level of job satisfaction of FNPs?
4. What are the factors that influence job satisfaction of FNPs?
5. What are the factors that influence job dissatisfaction of FNPs?

Definition of Terms

The following theoretical and operational definitions were used in this study:

General Level of Job Satisfaction: Theoretical--"A multidimensional measurement of the degree of contentment with particular facets of the job" (Hale, 1986). Operational--A multi-dimensional measurement of the degree of contentment with particular facets of the job based on the total score on a 20-item, five-point Likert-type scale (MSQ items: 1-20) (Weiss, Dawis, Lofquist, & England, 1967). General Job Satisfaction scores could range from 20-100. Low general satisfaction scores, for the purpose of this study, were those less than or equal to 39, medium scores were those between 39 and 80, and high scores were those 80 and over.

Family Nurse Practitioner: Theoretical--"A skilled health care provider who utilizes critical judgment in the performance of comprehensive health assessment, differential diagnosis, in the prescribing of pharmacological and non-pharmacological treatments in the direct management of acute and chronic illness and disease in a family practice setting" (American Nurses Association, 1996). Operational--A skilled health care provider who utilizes critical judgment in the performance of comprehensive health assessment, differential diagnosis, in the prescribing of pharmacological and non-pharmacological treatments in the direct management of acute and chronic illness and disease in a family practice setting, whose name appears on the list of nurses with a certificate of fitness provided by the Tennessee Department of Health, and who is currently working in a family practice setting.

Intrinsic Level of Job Satisfaction: Theoretical--The degree of contentment with the intrinsic factors or motivators that come from the performance of the job itself (Herzberg et al., 1959). Operational--The degree of contentment with the intrinsic factors

or motivators that come from the performance of the job itself shown by a total score on a 12-item, five-point Likert-type scale which considers achievement, recognition, work itself, responsibility, advancement, and potential for growth (MSQ items: 1-3, 7, 9-11, 14-16, 19, 20) (Weiss et al., 1967). Intrinsic Job Satisfaction scores could range from 12 to 60. For the purpose of this study, low intrinsic satisfaction scores were those less than or equal to 23, medium intrinsic satisfaction scores were those between 23 and 47, and high intrinsic satisfaction scores were those 48 and over.

Extrinsic Level of Satisfaction: Theoretical--The degree of contentment with the extrinsic factors or hygienes that come from the surroundings in the work environment (Herzberg et al., 1959). Operational--The degree of contentment with the extrinsic factors or hygienes that come from the surroundings in the work environment shown by a total score on an 8-item, five-point Likert-type scale which considers working conditions, interpersonal relations, salary, status, security, supervision, and policies and administration (MSQ items: 4-6, 8, 12, 13, 17, 18) (Weiss et al., 1967). Extrinsic Job Satisfaction scores could range from 8 to 40. Low extrinsic satisfaction scores for this study, were those less than or equal to 15, medium extrinsic scores were those between 16 and 31, and high extrinsic satisfaction scores were those 32 and over.

Factors That Influence Job Satisfaction: Theoretical--Variables that affect contentment with particular facets of a job (Munro, 1983). Operational--Variables that may influence job contentment as indicated by responses of "satisfied" or "very satisfied" on the MSQ.

Factors That Influence Job Dissatisfaction: Theoretical--Variables that affect discontentment with particular facets of a job (Munro, 1983). Operational--Variables that may influence job discontentment as indicated by responses of "dissatisfied" or "very dissatisfied" on the MSQ.

Summary

Job satisfaction influences productivity and quality of performance as well as employee retention. This chapter introduced the problem of job satisfaction among FNPs. Little research exists concerning the levels of job satisfaction and factors that contribute to job satisfaction and dissatisfaction among FNPs. The purpose of this study was to explore the factors that influence FNPs' job satisfaction and dissatisfaction. Additionally, the study attempted to ascertain the intrinsic and extrinsic factors as well as the general level of job satisfaction. Herzberg's dual-factor theory provides a useful framework for evaluating job satisfaction among family nurse practitioners. Improved insight into job satisfaction could benefit health administrators, nurse educators, family nurse practitioners, patients, and the community.

Chapter II

Review of the Literature

A review of the literature related to the issue of job satisfaction of the family nurse practitioner (FNP) revealed limited information on the topic. Most of the research was completed in the late 1980s and published in the early 1990s before recent health care changes. None of the studies found dealt specifically with FNPs. Most of the research found that has been done on nurse practitioners (NPs) has not addressed the relationship between their job satisfaction and characteristics of practice settings, which could improve the quality of the primary care workplace. Several studies on registered nurses (RNs) and job satisfaction were identified, which had relevance to the current study. The identified research in the literature is presented in two sections: RNs and job satisfaction studies; and NPs and job satisfaction studies.

RNs and Job Satisfaction Studies

Numerous studies have been completed on the job satisfaction of RNs and the factors contributing to their satisfaction. Some of the factors influencing RNs related to job satisfaction include the hospital environment, the unit environment, and the expectations the nurse holds concerning the work role. Work role has been defined as the structure, functions and expectations within a job (Slavitt, Stamps, Piedmont, & Haase, 1995).

Mitchell (1994) attempted to explore the effect of work role values on job satisfaction. The purpose of Mitchell's study was to determine if a relationship existed between work roles, work role values, and job satisfaction for RNs employed in the

hospital setting in the USA. The research question addressed was as follows: "Is there a significant linear association between a nurse's job satisfaction and the congruence between perceived work roles and personal work role values?" (p. 958).

Mitchell (1994) combined Rokeach's Value Systems Theory and Benner's domains of nursing as the theoretical framework to guide the study. Rokeach's theory stated that values are components of psychological processes, social interaction, and cultural patterning. Rokeach believed occupational choices are based on a person's awareness of their own values that will provide that individual with the opportunity to realize those values and the values represent the psychological investment of a person in his/her surroundings. Rokeach also believed an institution has a value system as well and is a set of norms. Benner defined the many work roles of nurses as "domains." Domains were described as a cluster of competencies that have similar intents, functions, and meanings. A combination of these two theories was used to show that a nurse has a value hierarchy for the work roles/domains of nursing and the institution where the nurse is employed has a hierarchy of valued work roles/domains. Mitchell attempted to examine the congruence between these hierarchies, and the impact of this congruence on job satisfaction.

Mitchell (1994) selected four hospitals within a metropolitan area, chose a population of nurses who had been employed on their units for longer than one year, and placed their names in a computer for randomization. A three-part survey was sent to 600 registered nurses. The survey focused on questions concerning their actual work roles, their own work role values, and job satisfaction. Part one of the survey asked the participants to rank Benner's seven domains or roles of nursing from one (the most valued) to seven (the least valued). Part two of the survey asked the participants to rank these same roles in order of most time spent during the shift performing these roles, from one (most time spent) to seven (least time spent). Part three of the survey was the Minnesota Satisfaction Questionnaire (MSQ).

Of the 600 surveys distributed, 258 were returned and 201 (33.5%) of the respondents had accurately and fully completed all three parts of the survey and the biographical data sheet. Using Spearman's rank order correlation test the pairs of work role and work role value rankings were analyzed. The range of correlations was from -0.9 to 1.0 with a mode of 0.9 and a median of 0.7. A two-tailed test of significance ($n=7$ pairs) was used to find the critical value of the Spearman's rank correlation coefficient for significance at the 0.05 level to be 0.786. The MSQs were reviewed and showed an intrinsic, extrinsic, and general satisfaction score. The intrinsic score was derived from questions pertaining to factors such as work type, achievement, and ability utilization. The extrinsic score was related to those questions that pertained to satisfaction surrounding factors such as working conditions, supervision, co-workers, and company. The variables of the individual Spearman's correlations (of work role and work role values) and the associated MSQ scores were used to calculate a Pearson's correlation coefficient. Mitchell (1994) found a correlation coefficient for the intrinsic factor and the individual Spearman's correlations was $r = 0.08$; for the extrinsic factors and Spearman's correlations, $r = 0.11$; and for the general satisfaction scores and Spearman's correlations $r = 0.12$. The researcher then calculated a critical r to find significance. Using a two-tailed test with $n=200$, a correlation greater than 0.138 was required for significance. Therefore, the results were not statistically significant at the $p=0.05$ level.

A significant linear association between a nurse's job satisfaction and the correlation between work roles values and actual work roles as measured by the instruments in this study was not found. The researcher postulated that this could have been due to the weak mean correlation between the work roles and the work role values caused by the negative skewing. Another cause could have been due to a combination of high correlation scores and high satisfaction scores on the MSQ for 50% of the sample (a range restriction) which could have lowered the final correlation between the two variables. High satisfaction scores could have been attributed to self-selection since the

survey return was voluntary. The strong conceptual and theoretical ties strengthened this study. Other strong points included a large sample size, acceptable return rate, and the range of information in the biographical data that validated the population diversity. Perhaps a clearer relationship between work role and job satisfaction could have been found in a selected group of RNs with low levels of job satisfaction shown by high turnover rates.

This work completed by Mitchell (1994) on RNs also could apply to the current research on FNPs in that the work role is in a steady state of flux. The study by Mitchell was focused on RNs and how their values impacted their job satisfaction. The possible relationship between job satisfaction and work role values of the FNP has not been established, nor has the potential effect a personal value system has on the actual work role to be performed. The factors that influence job satisfaction in the FNP were investigated in the current research in order to better understand these issues.

Since research has shown that job satisfaction is related to the quality of services provided in human service organizations (Eichorn and Frevert, 1979), job satisfaction of nurses at all levels in the hierarchy should be a major concern. Identifying aspects of nurses' work and work environment that contribute to satisfaction or dissatisfaction could improve services in healthcare. Simpson (1985) conducted a study with the purpose to analyze job satisfaction and dissatisfaction reported by nurses in the nursing service hierarchy. Simpson attempted to identify satisfiers and dissatisfiers so that services could be improved and absences and turnover be reduced.

Simpson (1985) chose Herzberg's motivation-hygiene theory as a conceptual framework to guide the study. Simpson conducted the study with the use of a survey design. Five acute care hospitals of different sizes and complexities were included in the study. All RNs in the patient care hierarchy were in the sample which included staff nurses, head nurses, supervisors, assistant directors, and directors of nursing. There was a

total response to the survey of 497 nurses. The number of responses ranged from 25 in the smallest hospital to 242 in the largest hospital.

The Minnesota Satisfaction Questionnaire (MSQ) long-form was chosen to measure the employee's satisfaction with several different aspects of the work environment. The MSQ long-form has 100 five-point Likert-type questions which question 20 different variables. The 20 variables were as follows: ability utilization, achievement, activity, advancement, authority, company policy, compensation, co-workers, creativity, independence, moral values, recognition, responsibility, security, social service, social status, supervision-human relations, supervision-technical, variety, and working conditions. Five response alternatives were presented for each of the 100 questions that refer to work satisfaction or dissatisfaction on the present job: very dissatisfied, dissatisfied, neutral, satisfied, very satisfied. Responses ranged from 1, very dissatisfied to 5, very satisfied. Scale scores were determined by summing the weights for the responses chosen for the items on each scale. The MSQ score that indicated satisfaction on any item was 20 or higher out of a possible 25. An overall satisfaction score would have been 20 times 20, or 400 out of a possible 500. Simpson (1985) reported mean job satisfaction scores with standard deviations of respondents from each level in the nursing hierarchy as follows. Nurses at the assistant director level reported the greatest amount of job satisfaction with a score of 421 and a standard deviation of 32.2. This was followed by the directors of nursing, head nurses, and supervisors, with the lowest amount of job satisfaction reported by the staff nurse level with a score of 350.6 and standard deviation of 47.0. Simpson also reported the mean, standard deviation, and reliability of satisfaction for each of the 20 variables. Only one variable, social service, was reported with a 20 or greater to show satisfaction. A high degree of reliability was found on all variables with an alpha of .81 to .94. Simpson then reported the means and standard deviations on the 20 variables for respondents at each level in the nursing hierarchy. Satisfaction was reported on 15 variables by the assistant directors, 10 variables by the

directors of nursing, 8 variables by the head nurses, 3 variables by the supervisors, and only 1 variable showed satisfaction by the staff nurses.

Nurses at all levels of the hierarchy reported dissatisfaction with their work and work environment. The five motivating factors identified by Herzberg as determiners of job satisfaction (achievement, recognition, work itself, responsibility, and advancement) had dissatisfaction reported by nurses at the head nurse, supervisor, and staff nurse level. These nurses were not having their need to grow psychologically met. All the nurses reported dissatisfaction with the hygiene factors suggested by Herzberg (i.e., company policy, supervision, salary, interpersonal relations, and working conditions).

Simpson (1985) suggested that hospital administrators, governments, and nurse educators look closely at the work environment and the aspects of the nurse's role and consider the motivating factors that provide satisfaction (i.e., achievement, recognition, work itself, responsibility, and advancement). Simpson implied that these factors would contribute to the development of an autonomous profession in which nurses would be delegated appropriate authority and be accountable at all levels. This autonomy and accountability at all levels of the hierarchy could help to ensure the delivery of quality health care programs as well as help nurses meet their needs for professional growth.

Simpson (1985) attempted to analyze the job satisfaction and dissatisfaction reported by nurses in the nursing service hierarchy by using a similar instrument and applying the same conceptual framework as the current study under investigation. Differences between the two studies included the metropolitan hospital setting versus the more rural primary care setting. The current research also focused on only one level in the hierarchy of nursing, FNPs.

NPs and Job Satisfaction Studies

Several studies have been conducted related to NPs and job satisfaction. One study found in the review of literature was conducted by Tri in 1991. Tri sought to

describe those individual and situational factors that contribute to job satisfaction and dissatisfaction among NPs and to explore the relationship between levels of job satisfaction and characteristics of primary health care practitioners' practice settings. The researcher viewed the work setting as having two main components which were defined. The first, practice characteristics, was defined as "those phenomena associated with the nature of the job tasks, such as repetitiveness or variety of work, and the degree of autonomy or freedom to execute related tasks" (p. 46). The second principal component, job work environment, was defined as "the immediate context within which the practice is performed, including factors such as compensation, size of practice, supervision, working conditions and promotions" (p. 46). Another important factor defined by the researcher was job satisfaction, defined as a unidimensional concept that pertained to the individual's feelings about the job and was measured as overall job satisfaction, not as satisfaction with facets of the job. Tri used two questionnaires: the Advanced Practice Job Satisfaction Survey (APJSS) and the Primary Care Practice Environment Inventory (PCPEI); both were part of a larger study, the Survey of Advanced Practice Nursing. No data about the reliability and validity of the instruments was available. These two questionnaires and an explanatory letter were sent to a target population in the summer of 1986. This target population included 600 nurses on the Washington State Board of Nursing's list of advanced registered NPs. In order to be included in the study the NPs had to be currently active in a clinical practice providing primary care. The sample (N=373, a 61% response) was mostly White (94.4%), female (93.3%), and ranged in age from 29 to 52 years old. The researcher reported the subjects' years of experience as board-certified advanced practitioners ranged from 0 to 23 years, with a mean of seven and a mode of three. The primary employment setting was office practice. Using Benner's model, 13.9% of respondents rated their clinical skills as expert. The majority (44.5%) determined themselves advanced while 27.3% were intermediate. Only 1.3% rated themselves as novices.

The respondents' job satisfaction was measured on a seven-point scale, ranging from very dissatisfied (1) to very satisfied (7). A high degree of job satisfaction was reported with an overall score of 5.64. Tri (1991) used Pearson's r as a statistical test to examine relationships between demographic and practice characteristics and mean job satisfaction. The variables reported to increase overall job satisfaction were as follows: years of experience in the advanced practice role ($p < 0.01$), perceived skill level ($p < 0.001$), salary ($p < 0.05$), access to an assistant for routine tasks ($p < 0.001$), use of written protocols ($p = .06$), and availability for weekend call ($p = 0.06$). The use of one-way analyses of variance (ANOVA) showed differences in overall job satisfaction based on self-perceived skill levels and business of the practice ($F = 7, (3) p < 0.001$). Using Duncan's post hoc analysis, the job satisfaction of an expert was higher (5.90) than that of a novice (4.96). Differences also emerged for practices. Those who described the "just right" practices had greater overall satisfaction. The APJSS listed 23 factors that the NPs evaluated as contributors to job satisfaction and dissatisfaction. Possible responses were on a five-point scale ranging from "not at all" (1) to "great deal" (5). The top factors found to contribute to satisfaction were listed as follows: autonomy of the NP role (mean score 4.40), portion of time in patient care (mean score 4.32), sense of accomplishment (mean score 4.30), challenge of learning and growing (mean 4.30), and amount of self-determination offered (mean score 4.20). The following top factors were identified which lead to dissatisfaction: salary (mean 2.64), compatibility of goals with organization (mean score 2.37), environmental support for innovation (mean score (2.34), time spent in administrative duties (mean score 2.30), and relationship with supervisor (mean 2.64). Differences were found in the factors relating to satisfaction and dissatisfaction with reference to the respondents' self-perceived skill levels as well. Those with less experience and lower skill levels comprised group 1 and those with more skill comprised group 2. When examining the overall job satisfaction score, the two groups differed significantly ($F = 19.6, df = 1/313, p < 0.0001$). Group 1 was less satisfied with the level of autonomy,

development of clinical skill, relationships with physicians, quality of care they offered, and amount of self-determination. The less skilled were more dissatisfied with development of clinical skills and relations with physicians.

Tri (1991) found NPs in the study demonstrated a high level of job satisfaction. Experience and skills were identified as important predictors of job satisfaction. The NPs who were less skilled appeared to be more dissatisfied with personal and intrinsic feelings about skills. Tri felt the novice's attention to completing necessary tasks and concern over gaining respect of peers might have outweighed the intrinsic rewards which contributed to the more skilled NPs higher job satisfaction. Salary was found to be another important variable in deciding job satisfaction. Consequently, NPs who had higher salaries were found to have higher levels of job satisfaction.

The researcher defined several limitations in the study which included: lengthy questionnaire, unreliability of self reporting, questionable reliability and validity of the APJSS, and lower response rates to some of the questions due to misconceptions about job satisfaction and dissatisfaction. Tri (1991) felt further research was needed to validate the findings. The researcher conjectured that more information concerning expectations and requirements between employers and employees prior to hiring would alleviate unrealistic expectations and increase the possibility of greater job satisfaction. Tri also saw a need for research into the implications of a mentoring relationship for new NPs.

This study by Tri (1991) provided excellent background information and insight into understanding some of the factors that contributed to job satisfaction for NPs. Both the Tri study and the current research investigated job satisfaction of NPs. The setting for the Tri study was an urban area in the northeast United States while the current research was conducted in the rural southeast United States. The current study also focused specifically on family NPs. The limitations of the study and recommendations for further study granted areas of interest to the current research.

Several studies have been conducted on the role of a NP in different practice settings, but few have addressed the effect of the setting on the practice of the nurse. A better understanding of the relationship of work setting and practice could assist the NP in choosing an appropriate work site, which could increase overall job satisfaction of the NP. This improved satisfaction could decrease NP turnover, increase productivity and thereby decrease the cost of healthcare and improve the quality of care. Hupcey (1993) sought to identify work settings and positive or negative influences of performance of NPs in those settings. The purpose of this descriptive study was to see if practicing NPs felt that any particular work settings seemed to be more conducive to their practice, and what factors NPs identified as helping or hindering their role performance.

The target population chosen by the researcher was that of NPs, approximately 1200 of whom were certified by the Commonwealth of Pennsylvania. A random sample of 200 NPs who were involved in providing direct patient care comprised the target sample. Hupcey (1993) used a survey to gather data including demographic information including age, sex, education, experience, specialty, and certification. The survey included the questions "(1) What NP employment setting has most helped and most hindered your performance of the NP role? and (2) What factors within the NP work setting have helped and hindered your role performance?" (p.182). The surveys along with an explanatory cover letter were mailed. Of the 91 questionnaires returned, a study cohort of 80 NPs (40%) was obtained who met the inclusion criteria of providing direct patient care. The data obtained from the surveys were analyzed using descriptive statistics, specifically frequency distributions, means, and standard deviations. A large portion of the analyzed data dealt with sample characteristics. Ages of the NPs ranged from 27 to 65 (mean, 40 +/- 8 years) with 93% being women. The number of years practiced as a nurse before the NP role ranged from 2 to 25 years with a mean of 9 years, while the number of years practiced as an NP ranged from 1 to 15 years with a range of 6 years. The educational level of the group varied from 54 (64%) being masters prepared, 12 (15%) having a

bachelors degree, 3 (4%) having an associates degree, and 11 (14%) having a diploma. The specialties of the respondents were reported as adult (26%), family (25%), obstetrics/gynecology (21%), pediatrics (13%), gerontology (11%), and neonatal (4%). The work settings varied among the NPs with 51% reporting previous work in a primary care or community clinic setting. Other settings reported included acute inpatient settings, emergency rooms, student health, occupational health, and home care. Hupcey also found masters-prepared NPs changed jobs more frequently than certificate NPs. Of the eighty respondents, 50 (62%) reported working in more than one position and only 13 described both inpatient and outpatient settings that hindered their ability to practice. In determining the answer to question 1 regarding employment setting, Hupcey found that 30 of the respondents identified different settings that enhanced their ability to practice, and the majority (57%) stated that outpatient clinics were well suited for their practice. Hupcey found that some non-primary care settings may not be favorable to the practice of NPs. Additional negative influences concerning the care setting included physician attitudes, restrictive protocols, particular nursing supervisors, or staff members. Conversely, the positive influences related to practice settings showed that ambulatory care settings were most helpful.

The respondents in Hupcey's (1993) study reported numerous factors that positively or negatively influenced NP role performance. Positive reported factors included acceptance and support by physicians (31), support from coworkers (20), support from other NPs (19), and independence in work setting (18). Negative reported factors that hindered NP role performance included lack of administrative support (16), lack of MD support (13), lack of support by coworkers (10), resistance of staff nurses (10), and lack of time (10).

Hupcey (1993) defined two main implications from this study. First, NPs need to identify settings that are appropriate for their practice and seek employment in these settings. Hupcey reported that primary care settings seem to be the most conducive to NP

practice. Second, support systems are an area where NPs need to focus their attentions. The researcher suggested that in order to improve the practice of NPs and their future, it will be necessary to work with other staff nurses and administrators to educate physicians about how the role differs from and complements the medical role in the provision of primary health care. This study by Hupcey provided excellent background information and understanding of previous factors and work settings found to influence NP practice. This research by Hupcey focused primarily on the work setting and how particular facets of the setting influenced the role performance and job satisfaction of NPs. This information was helpful in assisting the current researcher in conducting the study under investigation concerning multiple factors that influence, more specifically, family NP job satisfaction and their current level of overall job satisfaction. NPs provide high-quality, cost-effective care in primary healthcare settings. Yet, little data exist concerning job satisfaction and dissatisfaction for this important segment of primary health care services. Greater job satisfaction of NPs could improve quality of care, increase patient accessibility to services, and decrease cost of medical care.

In order to improve job satisfaction of NPs, influencing factors must be identified. Fuller, Koelbel, & Misener (1991) sought to determine the level of job satisfaction of experienced NPs using unidimensional and multidimensional indicators. The job satisfaction of NPs was analyzed using a conceptual framework of Herzberg's dual-factor theory of job satisfaction and motivation. The Herzberg theory considered extrinsic and intrinsic factors had an effect on job satisfaction. Extrinsic factors (hygienes), such as supervision and salary, were associated with dissatisfaction and intrinsic factors (motivators), such as responsibility and feeling of achievement, were associated with job satisfaction. The researchers added the concept of global job satisfaction as overall satisfaction of the worker. Job satisfaction was the dependent variable in this study while extrinsic and intrinsic factors were the independent variables. Fuller et al. used a descriptive correlational survey in 1987 and 1988 to complete their study.

Instrumentation included: the Index of Job Satisfaction, the Minnesota Satisfaction Questionnaire-Short Form, a sociodemographic questionnaire, and a cover letter. The target population was identified as all NPs in South Carolina who had the following characteristics: registered with the South Carolina State Board of Nursing, actively employed for at least six months, and currently practicing in the state. The sample (N=132, 90% response rate) represented a heterogeneous group based on sociodemographic variables. These variables included sex, race, marital status, age, educational level, job settings, salaries, and experience. The degree of contentment with the overall job was measured by the Index of Job Satisfaction and reported as global job satisfaction. The tool had 18 questions with a five-point Likert scale response. Of the respondents, 52% indicated a moderate level of overall satisfaction with a mean score of 68.13. General job satisfaction (contentment with particular facets of the job) was measured with the Minnesota Satisfaction Questionnaire (MSQ). This questionnaire used a five-point Likert scale with 20 questions. The mean score of 75.28 indicated moderate satisfaction for 50% of the NPs and high satisfaction for 39.4% of the sample. Selected items on the MSQ measured intrinsic and extrinsic job satisfaction. The mean intrinsic score represented a high level of intrinsic job satisfaction while a low extrinsic score showed dissatisfaction of extrinsic aspects of their jobs. The most satisfying intrinsic job factors reported were social service, ability utilization, security, variety, and moral values. The most dissatisfying extrinsic job factors were compensation, advancement, company policies and practices, recognition, and supervision/human relations. These findings closely matched Herzberg's theory in that intrinsic factors are related to job satisfaction while extrinsic factors are related to dissatisfaction. The most satisfying job factor was found to be social service or helping other people, while the least satisfying factor was compensation.

Koelbel et al. (1991) concluded that NPs find their jobs gratifying. The most satisfying job factor was social service. The researchers suggested health administrators

should consider ways to remove the dissatisfiers which were identified. Some suggested strategies to decrease compensation dissatisfaction were to re-evaluate pay scales, vary costs of patient visits based on NP services provided, incorporate incentives into pay structure and add more fringe benefits. Methods to increase job satisfaction included an organizational structure that promoted NPs as associates in a practice and increased their autonomy. Opportunities for career advancement were listed as important ways to increase job satisfaction in NPs. The researchers also suggested that health care administrators develop strategies to increase job satisfaction by increasing intrinsic factors by promoting enjoyment in the work itself. Following a decade of changes for NPs, which included reimbursement issues, educational and credentialing revisions, managed care policies, prescription privileges, and treatment protocols, there still exists a need to examine job satisfaction in NPs. Methodologies and findings from this study were beneficial in guiding the current study. Differences in the two studies included the target population and the setting. Koelbel et al. (1991) chose the state of South Carolina and NPs without regard to area of practice. The current study focused on the specialty of family and was based on information obtained in the state of Tennessee. The current study also showed the differences in satisfaction due to recent healthcare changes. One of the more recent studies found concerning job satisfaction was more specific to the practice of neonatal NPs. The nationwide movement to contain health care costs, along with the increase in managed care and capitation, has increased the demand for NPs in a variety of settings, not just primary care.

One of the most common settings where NPs are found is the neonatal intensive care setting. Yet, little information is available concerning factors that influence their role development and job satisfaction. The purpose of this descriptive study was to explore the role satisfaction of neonatal NPs (NNPs) in the NICU.

Beal, Steven, and Quinn (1997) addressed the following research questions:
 "(1) What is the role satisfaction of NNPs working in the NICU? (2) What factors are

perceived as contributing to the role satisfactions of NNPs working in the NICU? and (3) What is the relationship between role satisfaction and practice philosophy of NNPs working in the NICU?" (p. 68). The researchers based the study on a theoretical framework for measurement of satisfaction designed by Hardy and Conway (1978). Hardy and Conway believed the way one is socialized into a role may determine one's level of satisfaction with that role.

The researchers used a triangulated approach to examine the role satisfaction by combining qualitative and quantitative methods and analyses. For the study, the Advanced Practice Job Satisfaction Survey was mailed nationwide to a random sample of 1000 NNPs certified by the National Certification Corporation. Of the sample of 1000 NNPs, 331 completed the questionnaire and 315 of these met the inclusion criterion of currently working in an NICU. The instrument included a 7-point bipolar Likert type scale that ranged from very satisfied to very dissatisfied. Triangulation was achieved by adding open-ended questions that asked the participants to list the three most satisfying and the three most dissatisfying aspects of their role as well as changes to improve the satisfaction. To address their practice philosophy, the participants were asked to indicate on a 10-mm visual analogue scale where their practice philosophy fell on a continuum of medicine (0) to nursing (10). A demographic survey addressing role expertise, level of nursing education, type of practitioner preparation, preceptorship, role models, type of hospital, and geographic location was included. The NNPs in this sample were found to be highly satisfied with their role, as shown by the mean satisfaction score of 5.6 on a scale of 1 (very dissatisfied) to 7 (very satisfied). Practice philosophy, age, geographic location, level of experience, presence or absence of a mentor, and education showed no significant differences based on the use of unpaired t-tests. Intrinsic factors such as patient care, kinds of patients, sense of accomplishment, and challenge of learning were found to be significant influences of role satisfaction. Analysis of the visual analogue scale showed that NNPs viewed their role more as a medical practice philosophy than a nursing

philosophy, as demonstrated by the mean practice philosophy score of 4.1 on a scale of medical (0) to nursing (10). When the data was analyzed using unpaired t-tests, masters prepared NNPs were more nursing focused compared with NNPs with diplomas ($p=0.005$), associates degrees ($p=0.005$), or bachelors degrees ($p=0.002$). No other study variables showed statistically significant relationships with practice philosophy. Common themes were found concerning the most satisfying and dissatisfying aspects of the NNP role from the open-ended questions. The satisfying commonalities included autonomy, relationships, patient care management, role issues, and outcomes. Two common themes emerged related to dissatisfaction: relationships and administrative constraints. Lack of support for and understanding of the NNP role was the most dissatisfying factor. This included lack of support and recognition from all other members of the health care team as well as administration. Implications of the study included the need for more attention to the blended roles of nursing and medicine. The researchers believed that NNPs themselves must come to a consensus on what their role is in order to gain recognition and respect from colleagues and families, which will lead to increased role satisfaction. Relevance to the current researcher's study was found in the central concept of job satisfaction and contributing factors occurring with recent healthcare changes. Differences between the studies were found in the practice setting, NICU versus primary care. The study by Beal et al. also was more focused on the role of the NNP and not as much on the factors influencing overall satisfaction. In conclusion, a small number of studies were found that provides direct information on the job satisfaction of NPs. Generally, these studies indicated that NPs were satisfied with their positions. However, these studies possessed several limitations. First, none of the studies found were conducted specifically on the job satisfaction of family NPs. Second, the studies contained small sample sizes in other geographic areas and results may not be generalizable to the area studied by the current researcher. Third, most of the studies were conducted several years ago. Recent changes in the health care environment have changed the political, social, economic, and

professional forces that stimulated the development of NPs. These changes could affect the future role and job satisfaction of NPs. Therefore, additional research is necessary to understand the factors that influence job satisfaction of family NPs entering the 21st century.

Summary

The foregoing review of the literature revealed numerous definitions and theories of job satisfaction. Several studies were identified related to job satisfaction of RNs and a small number of studies were found concerning the job satisfaction of NPs. No studies were found that focused on the specialty of FNPs. The levels of satisfaction and factors influencing job satisfaction of the FNP have not been adequately described by research found in the literature. Therefore, additional research is necessary to increase the understanding of the job satisfaction of the FNP practicing in today's healthcare system. Improved insight into this area could benefit health administrators, nurse educators, family NPs, patients, and the community.

Chapter III

The Method

The current research investigated job satisfaction of family nurse practitioners (FNPs). Job satisfaction has been defined as a multidimensional measurement of the degree of contentment with particular facets of the job (Hale 1986). Herzberg's dual-factor theory provided a useful conceptual framework to evaluate job satisfaction. The review of literature explored several studies related to job satisfaction and influencing factors in nursing roles. However, there was a lack of data concerning current levels of FNP job satisfaction and which aspects of the FNPs' job and work environment contribute to job satisfaction and dissatisfaction. The purpose of this study was to explore the factors that influence FNPs' job satisfaction and job dissatisfaction. Additionally, the study was an attempt to ascertain the intrinsic and extrinsic factors, as well as the general level of job satisfaction, among FNPs. The research design, setting, population, sample selection, instrumentation, data collection, and data analysis methods used to obtain information relating to this topic are presented in this chapter.

Design of the Study

A descriptive survey design with a triangulated approach utilizing quantitative and qualitative methods was used for selected study. The survey examined extrinsic and intrinsic factors and levels of job satisfaction among FNPs. Descriptive research, designed to summarize the status of a phenomenon as it exists (Polit and Hungler, 1995), was the most appropriate method to address job satisfaction. A survey was used to obtain information from a selected population. More specifically, a mailed questionnaire survey

was chosen since a number of respondents over a large geographical area could be queried at a minimal expense. The mailed survey assured that the questions would be uniformly presented to the respondents and that they would be able to complete the questionnaire without being pressured to choose immediate answers. A weakness of this type of quantitative research was the relatively superficial information it could obtain and the inability to explore deeper into the feelings of the participants (Polit and Hungler, 1995). For this reason, qualitative research in the form of open-ended questions was added to the survey.

Setting, Population, and Sample

The setting for the study was the state of Tennessee. The study was restricted to one state since laws governing the practice of FNPs differ and could influence their job satisfaction. The population consisted of all FNPs whose names appeared on the 1999 list supplied by the Tennessee Department of Health. The list identified 1353 advanced practice nurses currently holding a certificate of fitness with the Tennessee State Board of Nursing. From the 657 names categorized as NPs, a random target sample was compiled by choosing every third name on the list until the target sample of 100 was reached. The criterion for inclusion was based on meeting the operational definition of an FNP and returning the questionnaire within three weeks of the original mailing.

Instrumentation

Two questionnaires were used to obtain information from the participants: the Minnesota Satisfaction Questionnaire-Short Form (MSQ) (Appendix A) and a Demographic Data Questionnaire (Appendix B). Completion of the questionnaires by the participants took approximately 15 minutes. According to Dillman (1978), short questionnaires have the highest return rate.

The Minnesota Satisfaction Questionnaire-Short Form (MSQ), constructed by Weiss, Dawis, Lofquist, and England (1967), measures satisfaction or dissatisfaction in terms of intrinsic and extrinsic factors and also gives a general level of satisfaction. The three subgroups of intrinsic, extrinsic, and general satisfaction were obtained by summing the scores on the appropriate items. The MSQ used a five-point Likert-scale and consists of 20 questions. Five response alternatives were presented for each of the 20 items: very dissatisfied, dissatisfied, neutral, satisfied, and very satisfied. General Job Satisfaction scores could range from 20-100 on the MSQ. Low general satisfaction scores were those less than or equal to 39, medium scores were those between 39 and 80, and high scores were those 80 and over. Satisfaction related to intrinsic factors, or those that came from the performance of the job itself, were shown by a total score on a 12-item five-point Likert-type scale which considered achievement, recognition, work itself, responsibility, advancement, and potential for growth (MSQ items: 1-3, 7, 9-11, 14-16, 19, 20) (Weiss et al., 1967). Intrinsic Job Satisfaction scores could range from 12 to 60. Low intrinsic satisfaction scores were those less than or equal to 23, medium intrinsic satisfaction scores were those between 23 and 47, and high intrinsic satisfaction scores were those 48 and over. Satisfaction related to extrinsic factors, or hygies that came from the surroundings in the work environment, were shown by a total score on an eight-item five-point Likert-type scale which considered working conditions, interpersonal relations, salary, status, security, supervision, and policies and administration (MSQ items: 4-6, 8, 12, 13, 17, 18) (Weiss et al., 1967). Extrinsic Job Satisfaction scores could range from 8 to 40. Low extrinsic satisfaction scores were those less than or equal to 15, medium extrinsic scores are those between 16 and 31, and high extrinsic satisfaction scores are those 32 and over.

The MSQ was chosen due to its validity and reliability, easy scoring, and applicability to Herzberg's theory. The data on the reliability of the short-form MSQ was deemed satisfactory. Concerning internal consistency, Hoyt reliability coefficients were

computed for six occupational groups. For all three scales the Hoyt reliability coefficients ranged from .77 to .92. On the general satisfaction scale, the coefficients varied from .87 to .92. For the intrinsic satisfaction scale, the coefficients ranged from .84 to .91. For the extrinsic scale, the coefficients varied from .77 to .82 (Weiss et al., 1967). Evidence concerning the stability of scores for the short-form MSQ is inferred from data on the General Satisfaction scale of the long-form MSQ, since both scales used the same 20 items. Test-retest correlation of General Satisfaction scale scores yielded coefficients of .89 over a one-week period and .70 over a one-year interval. The validity of the MSQ was mainly in the form of construct validity derived from using the MSQ to test a prediction from the theory of work adjustment. According to the Theory of Work Adjustment, satisfaction and satisfactoriness are independent sets of variables and data reflecting this postulated lack of relationship would support the construct validity of the MSQ scales. Analyses of the relationship between satisfaction and satisfactoriness included cross-correlations between MSQ and satisfactoriness scales and the canonical correlation between the three MSQ scales and the four satisfactoriness scales. The cross-correlations ranged from -.03 (between personal adjustment and intrinsic satisfaction) to -.13 (between general satisfactoriness and extrinsic satisfaction) for the total group (all six occupational groups). For the total group, the maximum canonical correlation was .12. In general, these results supported the prediction that satisfaction and satisfactoriness are independent sets of variables; therefore, the MSQ short-form was supported as a valid measure of satisfaction. Other evidence of validity was inferred from the ability of the short-form MSQ to discriminate between occupational groups in terms of the level of satisfaction. Occupational differences in mean satisfaction scores for six separate job entities were statistically significant beyond the .001 level on all three scales (Weiss et al., 1967).

The second questionnaire sent to the participants was the Demographic Data Questionnaire, which was devised by the researcher to collect personal and work

background information on the participants. Questions asked information about age, sex, race, prior nursing experience, and educational level. Other questions related to their practice as an FNP included years of experience, work setting, self-perceived skill level, and yearly income. Instructions were included and the questions appeared clear and concise. In order to obtain qualitative data from the participants to strengthen the study, two open-ended questions requesting the three most satisfying and the three most dissatisfying aspects of their jobs were included at the end of the Demographic Data Questionnaire.

Data Collection

Prior to implementation of the study, permission was obtained from Mississippi University for Women's Committee on the Use of Human Subjects for Experimentation (IRB) (Appendix C). The 100 randomly selected participants were mailed an explanatory cover letter (Appendix D) which included informed consent. Permission was obtained to utilize the Minnesota Satisfaction Questionnaire to gather data (Appendix E). The Minnesota Satisfaction Questionnaire Short-Form (Appendix A), the Demographic Data Questionnaire (Appendix B), and a self-addressed post-paid envelope for easy return was included in the mailed packet. The return envelopes were individually numbered by the researcher with a code that corresponded with a number on the original computer list. As questionnaires were returned, names were crossed off the list. A week and a half after the original mailing, follow-up reminder postcards (Appendix F) were sent to those who had failed to return the questionnaire. Once the follow-up notices were sent, the mailing list of names was destroyed. All surveys returned within three weeks of the original mailing and meeting inclusion criteria were included in the study and reported as group data.

Each participant was informed in the cover letter that return of the questionnaires implied informed consent. Each subject was informed of the researcher's identity as a

graduate student and the letter also explained the purpose of the study, instructions for voluntary participation, confidentiality, and the subject's right to refuse to participate.

Data Analysis

To analyze the first, second and third research questions, descriptive statistics were used. The scored responses to the MSQ regarding intrinsic, extrinsic and general job satisfaction were summarized using measures of central tendency and variability. Intrinsic and extrinsic items from the MSQ that had the highest occurrence and proportion of satisfied/very satisfied responses and dissatisfied/very dissatisfied responses were displayed on frequency and percentage distribution tables. Subsequently, this distribution indicated which intrinsic and/or extrinsic factors were sources of job satisfaction or dissatisfaction. Descriptive statistics were used to describe demographic information and the data from the MSQ. Descriptive statistics included frequency, percentages, and rank order. To analyze information gained from the open-ended responses, content analysis was utilized to sort for themes.

Summary

A descriptive survey design with a triangulated approach with quantitative and qualitative methods was used to explore the factors that influence FNP's job satisfaction and job dissatisfaction as well as to ascertain the intrinsic and extrinsic factors and general level of job satisfaction of FNP's in the state of Tennessee. Two questionnaires, the MSQ and the Demographic Data Survey, were mailed to a sample of 100 who met the inclusion criteria. The collected raw data was analyzed by descriptive statistics and content analysis.

Chapter IV

The Findings

The purpose of this study was to explore the factors that influence family nurse practitioners' (FNP) job satisfaction and job dissatisfaction. Additionally, the study was an attempt to ascertain the intrinsic and extrinsic factors as well as the general level of job satisfaction among FNPs. This research was conducted to obtain improved insight into this area that could benefit health administrators, nurse educators, FNPs, patients, and the community. Herzberg's dual-factor theory of job satisfaction and motivation provided the general theoretical basis for this study.

The results of the data analyses are presented in five sections. The first section describes the response rate of the survey subjects. The second section provides a profile of the subjects including personal and work background characteristics. The scale reliability of the Minnesota Satisfaction Questionnaire (MSQ) for the data collected in the current study is reported in the third section. The fourth section contains five subdivisions that separately examine findings relevant to each research question. Finally, the fifth section addresses additional findings.

Statistical Package for Social Sciences (SPSS), version 6.1 for Windows, software package was used to analyze the data collected in this research. The survey responses were entered twice into the computer to maximize the accuracy of the data set. Data analysis was performed using both descriptive and inferential statistics.

Response Rate of the Survey Subjects

Questionnaires were mailed to 100 FNPs in the state of Tennessee. Five questionnaires were returned due to lack of a forwarding address, leaving a total of 95 potential participants. Of the potential participants, 55% (n=55) responded. Of these, 4 were not usable since they did not meet the eligibility criteria for inclusion in the study because they were not currently working as an FNP in the state of Tennessee. Therefore, the final sample consisted of 51 subjects, yielding usable responses from 51% of the sample surveyed.

Profile of the Subjects' Age

The majority of the FNPs were 40 to 49 years of age. Most of the FNPs were consistently distributed between the ages of 30 to 59. Less than two percent of the family nurse practitioners were younger than 29 or older than 60. Age distribution of the participants is presented in Table 1.

Table 1

Age Distribution of the Sample by Frequency and Percentage

| Age | Frequency | Percentage |
|-------------|-----------|------------|
| Under 20 | 0 | 0 |
| 20-29 | 1 | 1.96 |
| 30-39 | 17 | 33.3 |
| 40-49 | 22 | 43.1 |
| 50-59 | 10 | 19.6 |
| 60 and over | 1 | 1.96 |

Note. N=51

Gender

The majority of the FNPs were female, reflecting the historical trend in the nursing profession. Of the 51 respondents, 48 (94.1%) were female and 3 (5.88%) were male.

Ethnicity

The largest proportion of FNPs was Caucasian (96.1%). Of the remaining FNPs, one was African American (1.96%) and one was Hispanic (1.96%).

Employment as a Registered Nurse (RN) Prior to FNP Practice

The subjects were also questioned about length of time employed as an RN prior to their FNP practice. The majority of the subjects had worked more than 10 years as an RN prior to practicing as an FNP. Less than 15 % had practiced less than one year before becoming a FNP. Years of employment as an RN are depicted in Table 2.

Table 2

Years Employed as an RN Prior to FNP Practice by Frequency and Percentage

| Years as an RN | Frequency | Percentage |
|--------------------|-----------|------------|
| Less than 1 year | 7 | 13.7 |
| 1 to 4 years | 7 | 13.7 |
| 5 to 10 years | 14 | 27.5 |
| More than 10 years | 23 | 45.1 |

Note. N=51

Prior to working as a FNP, the majority of the subjects (37.3%) reported working in a medical surgical setting with the remainder employed in a variety of settings. Of the three respondents who indicated "other" on the questionnaire, one specified the operating

room and the other two specified nursing education. The findings related to work setting are shown in Table 3.

Table 3

Prior RN Work

| Primary Work Setting | Frequency | Percentage |
|----------------------|-----------|------------|
| Intensive Care Unit | 12 | 23.5 |
| Medical Surgical | 19 | 37.3 |
| Clinic | 6 | 11.8 |
| Obstetrics | 2 | 3.92 |
| Emergency Room | 4 | 7.84 |
| School Nursing | 0 | 0 |
| Pediatrics | 1 | 1.96 |
| Community Health | 4 | 7.84 |
| Other | 3 | 5.88 |

Note. N=51

The self-perceived level of satisfaction in the role of a RN prior to practicing as a FNP ranged from very dissatisfied to very satisfied. The majority of the subjects reported a feeling of satisfaction in their RN role. The findings concerning RN role satisfaction are presented in Table 4.

Educational Preparation for FNPs

Historically, FNPs were prepared either through short-term continuing education (certificate) programs or through masters degree programs that included nurse practitioner content and clinical practice. FNPs could hold diploma, associates, bachelors, masters, or doctoral degrees. Of the survey participants, 98% (n=50) reported an educational

preparation of a masters degree in nursing. Only one subject reported education at the doctoral level.

Table 4

Level of Satisfaction in Role as an RN for FNP by Frequency and Percentage

| Level of Satisfaction | Frequency | Percentage |
|-----------------------|-----------|------------|
| Very dissatisfied | 2 | 3.92 |
| Dissatisfied | 5 | 9.80 |
| Uncertain | 9 | 17.6 |
| Satisfied | 26 | 51.0 |
| Very Satisfied | 9 | 17.6 |

Note. N=51

Years Employed as FNPs

Over three-fourths (78.4%) of the survey participants had 1 to 10 years of work experience as an FNP. Only 17.6% of the subjects had more than 10 years experience and only 3.92% had worked less than one year as a FNP. Survey participants reported that 84.3% (n=43) were employed full-time, while only 15.7% (n=8) worked part-time.

Results for years of experience as a FNP are depicted in Table 5.

Table 5

Years Employed as an FNP by Frequency and Percentage

| Years Employed | Frequency | Percentage |
|--------------------|-----------|------------|
| Less than 1 year | 2 | 3.92 |
| 1 to 4 years | 26 | 51.0 |
| 5 to 10 years | 14 | 27.5 |
| More than 10 years | 9 | 17.6 |

Note. N=51

Work Status, Primary Work Setting, and Number of NPs at Setting

All of the respondents who qualified for the study were employed at least part-time as family nurse practitioners. Of the 51 respondents, 43 (84.3%) worked full-time; that is, more than 32 hours per week. Eight (15.7%) respondents reported a part-time practice.

The subjects reported a variety of primary work settings with the majority being either a community health center or a private physician's office. The findings related to work setting are presented in Table 6. The respondents also reported diversity in the number of FNPs employed at their work setting. Almost 40% of the respondents reported only one FNP at their work setting. Table 7 depicts the findings related to number of FNPs at the work setting.

Table 6

Primary Work Setting for FNP's by Frequency and Percentage

| Primary Work Setting | Frequency | Percentage |
|--------------------------|-----------|------------|
| Community health center | 17 | 33.3 |
| Rural practice | 7 | 13.7 |
| Private physician office | 18 | 35.3 |
| Other | 9 | 17.6 |

Note: N=51

Table 7

Number of FNP's in Work Setting by Frequency and Percentages

| Number of FNP's at Setting | Frequency | Percentage |
|----------------------------|-----------|------------|
| One | 19 | 37.3 |
| Two | 12 | 23.5 |
| Three | 6 | 11.8 |
| Four | 4 | 7.8 |
| Five | 10 | 19.6 |

Note: N=51

Self-Perceived Skill Level as an FNP

The subjects reported their self-perceived skill level based on Benner's scale from novice to expert. Almost three-fourths (74.6%) of the respondents reported their skill level between competent to proficient. Table 8 presents the results of the FNP's self reported skill rating.

Table 8

Self-Perceived Skill Level of FNP's by Frequency and Percentage

| Self-perceived skill level | Frequency | Percentage |
|----------------------------|-----------|------------|
| Novice | 0 | 0 |
| Advanced Beginner | 5 | 9.8 |
| Competent | 19 | 37.3 |
| Proficient | 19 | 37.3 |
| Expert | 8 | 15.7 |

Note. N=51

Present Yearly Income as an FNP

The present yearly income for the 51 full-time and part-time FNP's ranged from \$20,000 to \$90,000, while the majority reported incomes ranging between \$50,000 to \$60,000. Relatively few FNP's earned over \$70,000 per year (13.8%) or under \$30,000 (7.8%). Findings concerning FNP salaries are show in Table 9.

Table 9

Present Yearly Income of FNP's by Frequency and Percentage

| Yearly Income | Frequency | Percentage |
|-------------------|-----------|------------|
| \$20,000-\$30,000 | 4 | 7.8 |
| \$30,001-\$40,000 | 2 | 3.9 |
| \$40,001-\$50,000 | 10 | 19.6 |
| \$50,001-\$60,000 | 21 | 41.2 |
| \$60,001-\$70,000 | 7 | 13.7 |
| \$70,001-\$80,000 | 6 | 11.8 |
| \$80,001-\$90,000 | 1 | 2.0 |

Note. N=51

Scale Reliabilities of the Instrument

The coefficient alpha was used to determine the scale reliability of the Minnesota Satisfaction Questionnaire-Short Form (MSQ) for the data collected in the current study. The coefficient alpha for the MSQ-Short Form was 0.890, which was similar to those (0.87 to 0.92) presented by Weiss et al. (1976). Reliability coefficients for the two MSQ subscales, intrinsic and extrinsic satisfaction scales, are shown in Table 10.

Table 10

Scale Reliabilities of the MSQ-Short Form

| MSQ-Short Form Scales, and Items | Coefficient Alpha |
|--|-------------------|
| General Satisfaction Scale (Items # 1-20) | 0.890 |
| Intrinsic Satisfaction Scale (Items # 1-3, 7, 9-11, 14-16, 19, 20) | 0.835 |
| Extrinsic Satisfaction Scale (Items # 4-6, 8, 12, 13, 17, 18) | 0.780 |

Note. N=51

Findings Relevant to Each of the Research Questions

This section contains five subdivisions which separately examine findings relevant to each of the research questions. The research questions were addressed in the following order: What is the general level of job satisfaction of FNPs? What is the intrinsic level of job satisfaction of FNPs? What is the extrinsic level of job satisfaction of FNPs? What are the factors that influence job satisfaction of FNPs? What are the factors that influence job satisfaction of FNPs?

Research Question 1: General Level of Job Satisfaction of FNPs

General job satisfaction was measured by summing the responses to questions 1 through 20 on the MSQ-Short Form. Responses to the questionnaire for each item ranged

from 1 to 5 points, which represented very dissatisfied to very satisfied. Since the MSQ contained 20 questions, the total scores could range from 20 to 100.

The highest individual general job satisfaction score was 96, and the lowest score was 58. The mean score was 78.12, the median was 79.00, the mode was 76.00, and the standard deviation was 10.23. Low general satisfaction scores, for the purpose of this study, were those less than or equal to 39, medium satisfaction scores were those between 39 and 80, and high satisfaction scores were those 80 and over. The distributions of general satisfaction scores revealed most subjects were moderately or highly satisfied with their jobs and are presented in Table 11.

Table 11

General Job Satisfaction Level of FNPs by Frequency and Percentage

| General Job Satisfaction Level | Number | Percentage |
|--------------------------------|--------|------------|
| a. Low | 0 | 0 |
| b. Medium | 28 | 55 |
| c. High | 23 | 45 |

Note. N= 51.

- a. Low level denoted by a score of 39 and under;
- b. Medium level denoted by a score of 40 to 79; and
- c. High level denoted by a score of 80 or higher.

Research Question 2: Intrinsic Level of Job Satisfaction of FNPs

Intrinsic level of job satisfaction was measured by summing the responses to questions 1-3, 7, 9-11, 14-16, 19, and 20 on the MSQ-Short Form. Responses to the questionnaire for each item ranged from 1 to 5 points, which represented very dissatisfied to very satisfied. With these 12 questions, the total scores could range from 12 to 60.

The highest individual score was 60 and the lowest was 38. The mean score was 49.59, the median score was 50.00, the mode was 50.00, and the standard deviation was 5.714. For the purposes of this study, low intrinsic scores were those less than or equal to 23, medium intrinsic scores were those between 23 and 47, and high intrinsic satisfaction scores were those 48 and over. The level of intrinsic job satisfaction in the majority (70.6%) of the respondents was high. Table 12 shows the findings related to intrinsic job satisfaction levels.

Table 12

Intrinsic Job Satisfaction Levels of FNPs by Frequency and Percentage

| Intrinsic Job Satisfaction Level | Number | Percentage |
|----------------------------------|--------|------------|
| a. Low | 0 | 0 |
| b. Medium | 15 | 29.4 |
| c. High | 36 | 70.6 |

Note. N=51.

- a. Low level denoted by a score of 23 and under;
- b. Medium level denoted by a score of 24 to 47; and
- c. High level denoted by a score of 48 or higher.

Research Question 3: Extrinsic Level of Job Satisfaction of FNPs

Extrinsic level of job satisfaction was measured by summing the responses to questions 4-6, 8, 12, 13, 17, and 18 on the MSQ-Short Form. Responses to the questionnaire for each item ranged from 1 to 5 points, which represented very dissatisfied to very satisfied. With these 8 questions, the total scores could range from 8 to 40.

The highest individual score was 37 and the lowest was 18. The mean score was 28.66, the median score was 29.00, the mode was 27.00, and the standard deviation was 5.204. For the purpose of this study, low extrinsic scores were those less than or equal to

15, medium intrinsic scores were those between 16 and 31, and high intrinsic satisfaction scores were those 32 and over. Almost 20% of the FNPs were dissatisfied with the extrinsic aspects of their work. Findings related to extrinsic job satisfaction are depicted in Table 13.

Table 13

Extrinsic Job Satisfaction Levels of FNPs by Frequency and Percentage

| Extrinsic Job Satisfaction Level | Number | Percentage |
|----------------------------------|--------|------------|
| a. Low | 0 | 0 |
| b. Medium | 35 | 68.6 |
| c. High | 16 | 31.4 |

Note. N=51.

- a. Low level denoted by a score of less than 15;
- b. Medium level denoted by a score of 16 to 32;
- c. High level denoted by a score of 32 or higher.

Research Question 4: Factors That Influence FNPs' Job Satisfaction

The rank order of sources of job satisfaction for FNPs was computed on the basis of the percentage of FNPs reporting "very satisfied" or "satisfied" for each job factor (Table 14).

The most satisfying job factors were social service, ability utilization, achievement, moral values, responsibility, social status, and independence. The FNPs indicated that they were most satisfied because they were able to be of service to other people (social service), were able to make use of their abilities (ability utilization), were able to accomplish something (achievement), and were able to perform their jobs without comprising their moral values (moral values). The FNPs also indicated they were satisfied in their jobs because they had a feeling of responsibility, they filled a need in the social

structure (social status), and were able to practice autonomously (independence). The proportion of satisfied responses for these items ranged from 90% to 100%. Likewise, the percentage of dissatisfied responses for these items was less than 4%. Social service had the highest percentage of satisfied responses. This finding was to be expected, since nursing is a caring and helping profession. Factors that influence FNP job satisfaction are listed in rank order in Table 14.

Table 14

Factors that Influence FNPs' Job Satisfaction by Frequency and Percentages in Rank Order

| Satisfied Responses | Frequency | Percentage |
|---------------------|-----------|------------|
| Social Service | 51 | 100 |
| Ability Utilization | 49 | 96.1 |
| Achievement | 47 | 92.2 |
| Moral Values | 47 | 92.2 |
| Responsibility | 47 | 92.2 |
| Social Status | 47 | 92.2 |
| Independence | 46 | 90.2 |
| Activity | 44 | 86.3 |
| Security | 44 | 86.3 |
| Variety | 43 | 84.3 |
| Creativity | 43 | 84.3 |
| Working Conditions | 35 | 68.6 |

(Continued on next page)

| | | |
|--------------------------------|----|------|
| Supervision-Technical | 33 | 64.7 |
| Recognition | 31 | 60.8 |
| Compensation | 30 | 58.8 |
| Co-workers | 30 | 58.8 |
| Supervision-Human Relations | 25 | 49.0 |
| Authority | 24 | 47.1 |
| Advancement | 19 | 37.3 |
| Company Policies and Practices | 13 | 25.5 |

Note. N=51.

Research Question 5: Factors That Influence FNPs' Job Dissatisfaction

The rank order of sources of job dissatisfaction for FNPs was computed on the basis of the percentage of FNPs reporting "very dissatisfied" or "dissatisfied" for each job factor. The job factors that were most dissatisfying were company policies and practices, supervision-human relations, advancement, compensation, recognition, co-workers, and supervision-technical. The FNPs indicated they were most dissatisfied because of the way company policies are put into practice (company policies and practices), the ability of the administrators to handle staff (supervision-human relations), the lack of opportunities for advancement on the job (advancement), and the money earned for their work (compensation). Other areas of high dissatisfaction were receiving no praise for a job well done (recognition), poor relationships with co-workers (co-workers), and the ability of the administrators to handle technical problems (supervision-technical). The proportion of dissatisfied responses for these items ranged from 21.6% to 49%. Company policies and practices had the highest percentage of dissatisfied responses. The sources of job dissatisfaction for FNPs are presented in rank order in Table 15.

Table 15

Factors that Influence FNPs' Job Dissatisfaction by Frequency and Percentage in Rank Order

| Dissatisfied Responses | Frequency | Percentage |
|--------------------------------|-----------|------------|
| Company Policies and Practices | 25 | 49.0 |
| Supervision-Human Relations | 18 | 35.3 |
| Advancement | 13 | 25.5 |
| Compensation | 12 | 23.5 |
| Recognition | 12 | 23.5 |
| Co-workers | 11 | 21.6 |
| Supervision-Technical | 11 | 21.6 |
| Working Conditions | 10 | 19.6 |
| Variety | 4 | 7.8 |
| Activity | 3 | 5.9 |
| Creativity | 3 | 5.9 |
| Security | 3 | 5.9 |
| Achievement | 2 | 3.9 |
| Independence | 2 | 3.9 |
| Ability Utilization | 1 | 2.0 |
| Authority | 1 | 2.0 |
| Moral Values | 1 | 2.0 |
| Responsibility | 1 | 2.0 |
| Social Service | 0 | 0 |
| Social Status | 0 | 0 |

Note. N=51

Additional Findings

There were two open-ended questions at the end of the Demographic Data survey which asked the FNPs to list the most satisfying and the most dissatisfying aspects of their jobs. Content analysis was used to analyze the responses, and six common themes were noted for each question.

Satisfying Aspects

The six common themes noted in order of frequency for the most satisfying aspects of FNPs jobs were patient interaction and ability to help people, personal growth and learning, autonomy and independence, opportunity to educate patients and students, benefits, and finally support from physicians and co-workers.

Patient interaction and the ability to help people. The most recurrent theme dealt with being able to be of service and to interact with other people. Examples of statements which reflected the theme were as follows:

I am most satisfied when I can address a health care problem with a patient and help them feel better.

...

The best part of my job is the chance to constantly interact with people and to be able to help them through caring and to see a positive change in their lives.

...

I enjoy being able to come into people lives and provide a service which they are in need of that really helps them.

Personal growth and learning. A second theme that was noted was a feeling of continual learning and personal growth. This theme was noted by some of the following responses:

I enjoy constantly learning new information and constantly applying it to my practice.

...

My job is a challenge with new experiences and continual learning.

...

I am most satisfied with the personal growth I feel from overcoming the diversity of challenges and from the endless amount of information I gain each day.

Autonomy and Independence. The ability to practice independently also emerged as a common theme associated with job satisfaction. Examples of statements which reflected this theme were as follows:

The professional autonomy is perhaps the most satisfying aspect of my job.

...

I love the independence I have in making decisions for the most appropriate plan of care for my patients.

...

I enjoy the freedom to provide care in an independent and autonomous manner.

Opportunity to educate patients and students. Another common theme was the feeling of satisfaction gained from sharing knowledge and improving someone else's life with their skills. This was noted in the following responses:

Addressing a health problem with a patient and teaching them better ways to care for themselves is very rewarding.

...

The time I spend with patient education grounds me in my nursing background and is the most enjoyable.

...

Sharing my knowledge and experience with other FNP students gives me a sense of satisfaction because I feel I am helping to advance the profession.

Benefits. The actual job benefits and compensation also emerged as a satisfying aspect. Some statements which support this are as follows:

I love my schedule, four days a week, all holidays off, and the vacation days.

...

I like the retirement, insurance, and benefits package.

...

I feel like I am compensated well based on my knowledge, skills, and experience.

Physician support and co-workers. Relationships with co-workers and physicians also emerged as a common satisfying aspect theme. The following statements evidenced this:

Working with people who truly love what they do is probably most satisfying.

...

The mentoring and respect I receive from my collaborating physician makes my job very satisfying.

...

The overall supportive working conditions which results from a teamwork approach in the office makes my practice a success.

Dissatisfying Aspects

The six common themes noted in order of frequency for the most dissatisfying aspects of FNP's jobs were managed care and reimbursement issues, supervision and management, lack of benefits and low salary, extra responsibilities, patient issues, and finally lack of recognition.

Managed care and reimbursement issues. The most commonly occurring theme for the most dissatisfying aspect of FNP's jobs was related to reimbursement issues.

Examples of themes which reflected this were as follows:

I am most dissatisfied with having HMOs tell me what I should prescribe and how I should manage my patients.

...

They have never examined them.

...

It is most difficult to deal with insurance companies, for example, formularies, referrals, and insurance verification.

...

Insurance and government guidelines, such as TennCare, and managed care problems, I remember when there was none.

Supervision and Management. The way company policies are put into practice and supervision problems was also a common theme for dissatisfaction. The management theme was noted in the following responses:

I find poor administration and lack of a well thought out plan for the future of the practice to be very dissatisfying.

...

I am very unhappy with individuals without medical experience making medical policies and procedures which are unrealistic.

...

Clinic management does not have a clue about healthcare, they continually force providers to increase numbers of patients seen to an impractical number which decreases time for proper treatment and patient education.

Lack of benefits and low salary. Another common theme that emerged concerning aspects of job dissatisfaction was compensation and overall benefits. This was evidenced by the following statements:

I feel dissatisfied due to my low pay based on the years of education I have, the experience, and the responsibility I have.

...

I should have better benefits such as, more pay due to level of care provided, profit sharing, and better insurance.

...

I am very dissatisfied with my fixed salary and benefits which has not been effected by my long hours, skipped lunches, and four glowing employee evaluations.

Extra Job Responsibilities. The theme of extra duties also emerged as a dissatisfying aspect for FNP's. Examples of statements which reflected this were as follows:

I do not like having to make hospital rounds, supervise office support, and make schedules.

...

I am very dissatisfied with the administrative responsibilities such as managing staff, scheduling, and employee evaluations.

...

There is not enough time in the day to commute to hospital for rounds, manage support staff, and hassle with insurance companies; not to mention seeing patients.

Patient Issues. Various issues concerning patients also emerged as a common dissatisfying theme. Some of the responses were as follows:

I am most dissatisfied with noncompliant patients who return to the clinic frequently and disregard all the patient teaching and plan of care that I have developed for them.

...

I dislike the limited variety of patients that I get to see.

...

My specialty is Family Practice, but I see 90% gyn patients.

...

At times I am unsatisfied with the unsavory clientele. I work at a homeless clinic where policies dictate that patients may loiter here and frequently I feel unsafe. The patients can be very difficult because of social, educational, and economic restraints.

Lack of Recognition. The last common theme that emerged was related to a lack of praise or recognition for a job well done. Some examples of statements, which reflected this concern, were as follows:

I feel dissatisfied in my role due to the need for a supervising physician and sometimes I am looked at as a physician extender, not a health care provider.

...

I am dissatisfied with the lack of recognition and respect for the abilities of an FNP from the community, insurance companies, and patients.

...

I am dissatisfied with the lack of recognition and respect from the medical community including nurses and doctors.

Summary

In this chapter, data generated from the study were analyzed and findings presented. Findings suggested that most FNPs in the study were moderately or highly satisfied with their jobs. In addition, the researcher found that the level of intrinsic job satisfaction in the majority of the subjects was high and that the extrinsic satisfaction levels were somewhat lower with 20% of the FNPs being dissatisfied with the extrinsic aspects of their work. Factors found to influence job satisfaction the most were social service, ability utilization, achievement, moral values, responsibility, social status, and independence. The factors found to influence job dissatisfaction the most were company policies and practices, supervision-human relations, advancement, compensation, recognition, co-workers, and supervision-technical. Six common themes were identified from an open-ended question concerning the most satisfying aspects of FNPs' jobs. The six themes were patient interaction and ability to help people, personal growth and learning, autonomy and independence, opportunity to educate patients and students, benefits, and finally support from physicians and co-workers. Additionally, six common themes were identified from an open-ended question concerning the most dissatisfying aspects of FNPs' jobs. These six themes were managed care and reimbursement issues,

supervision and management, lack of benefits and low salary, extra responsibilities, patient issues, and finally lack of recognition.

Chapter V

The Outcomes

Job satisfaction has been shown to influence productivity, quality of performance, as well as employee retention. However, little research existed concerning the levels of job satisfaction and factors that contribute to job satisfaction and dissatisfaction among family nurse practitioners (FNPs). The purpose of this study was to explore the factors that influence FNPs' job satisfaction and job dissatisfaction. Additionally, the study attempted to ascertain the intrinsic and extrinsic factors as well as the general level of job satisfaction. This study used a descriptive survey design with a triangulated approach utilizing quantitative and qualitative methods. Herzberg's dual-factor theory provided a useful conceptual framework for evaluating the job satisfaction of FNPs. This chapter provides a discussion of the findings and presents the conclusions, implications, and recommendations that were developed from the findings.

Summary of Significant Findings and Discussion

The population consisted of 100 FNPs in the state of Tennessee. They were sent two questionnaires to obtain information: the Minnesota Satisfaction Questionnaire-Short Form (MSQ) and a Demographic Data Questionnaire. Subjects who met the inclusion criteria returned 51% of the questionnaires. The returned questionnaires were assessed using descriptive statistics.

The majority of the subjects were 40 to 49 years of age (43.1%), female (94.1%), and White (96.1%). The largest number of subjects (45.1%) had worked more than 10 years as a registered nurse prior to working as a FNP. A majority worked in a medical

surgical setting (37.3%), and felt satisfaction in their role as a registered nurse (68.6%) prior to becoming an FNP. Of the subjects 98% had completed a masters degree with certification in family and over half (51.0%) had been employed as an FNP for 1 to 4 years. Working full-time was reported by 84% and the largest portion (35.3%) worked in a private physician's office. Almost three-fourths (74.6%) reported their skill level to be between competent to proficient and the largest number of them (41.2%) reported yearly incomes between \$50,000 and \$60,000.

Five research questions were used to guide the study:

1. What is the general level of job satisfaction of family nurse practitioners?
2. What is the intrinsic level of job satisfaction of family nurse practitioners?
3. What is the extrinsic level of job satisfaction of family nurse practitioners?
4. What are the factors that influence job satisfaction of family nurse practitioners?
5. What are the factors that influence job dissatisfaction of family nurse practitioners?

Individuals seem to balance specific satisfaction variables against specific dissatisfaction variables to arrive at a composite satisfaction with the job as a whole (Kalleberg, 1993). The MSQ revealed a general level of job satisfaction with a mean score of 78.12, median score of 79.00, and a range from 58 to 96 on a 100-point scale. This data demonstrated that a majority of the FNPs were moderately or highly satisfied with their jobs; more than 96% scored in the upper half of the general satisfaction scale. These results confirm findings from previous research which indicated that nurse practitioners, in general, have a high level of job satisfaction (Tri, 1991). These results oppose those found by Simpson (1985), which revealed that all levels of the hierarchy of registered nurses reported dissatisfaction.

The findings that the majority of FNPs in the current research were moderately or highly satisfied could be due to several reasons. One reason for the high level of job satisfaction could be related to the high competency reported by the subjects concerning

their self-perceived skill level. This high degree of competency could lead to a comfortable and satisfying job. Another possible factor contributing to this group's high job satisfaction is related to their previous work role of a registered nurse. Based on their responses, the majority of respondents were satisfied in their role as a registered nurse and their FNP role was an extension of that role. As such, they had an idea based on experience of what the new role would entail and these FNPs actively planned to further educate themselves for this role. Another possible explanation for the group's high job satisfaction could be related to their age. The majority of the FNPs surveyed were between the ages of 40 to 49 and female. Historically, women have felt responsible for caring for their children until the children mature. Most of the women in this study were between the ages of 40 and 49 and could concentrate on the career goals that they had aspired to for many years.

The intrinsic job satisfaction score was obtained by summing the scores of the relevant items. The mean intrinsic job satisfaction score was 49.58, the median score was 50.00, and the range was from 38 to 60 out of possible 60 points. The distribution of intrinsic scores on the MSQ in this study showed that 70.6% of the FNPs were very satisfied, and 29.4% were moderately satisfied with the intrinsic aspects of their jobs. According to Herzberg, intrinsic factors include achievement, recognition, work itself, responsibility, advancement, and potential for growth. None of the subjects fell below being moderately satisfied with the intrinsic aspects of their jobs. These findings corroborate Fuller, Koelbel, & Misener (1991) who found high levels of satisfaction with intrinsic job factors in a group of nurse practitioners.

The FNPs in this study derived the greatest amount of satisfaction from aspects intrinsic to work itself. They were most satisfied because they were able to help others (social service), they were able to use their abilities (ability utilization), they were able to accomplish something (achievement), and they were able to perform their jobs without compromising their moral values (moral values). They also indicated they were satisfied in

their jobs because they had a feeling of being accountable (responsibility), they filled a need in the social structure (social status), and they were able to practice autonomously (independence). The high intrinsic scores in this group of FNPs are probably related to the core of the FNP role, which is nursing. Nursing is focused on helping and caring for others. This care is based on developed skill and abilities, values, responsibility, and independence. The subjects in this group have been educated in all of these areas.

The extrinsic job satisfaction score was obtained by summing the scores of the relevant items on the MSQ. The mean extrinsic score was 28.66, the median score was 29.00, and the range was from 18 to 37 out of possible 40 points. The extrinsic satisfaction scores were somewhat lower than the intrinsic scores and showed that almost 20% of the subjects were dissatisfied with the extrinsic aspects of their job. A greater number of negative responses were given to the questions on the MSQ, which were related to the extrinsic factors or those from the surroundings of the work environment. According to Herzberg, the elements that comprise extrinsic satisfaction include working conditions, interpersonal relations, salary status, security, supervision, and policies and administration. The influence of the work environment in this study is congruent with findings of Hupcey (1993) who focused primarily on the work setting and how particular facets of the setting influenced the role performance and job satisfaction of nurse practitioners. The findings are further supported by Fuller et al. (1991) who revealed a lower level of extrinsic satisfaction in a group of nurse practitioners throughout the state of South Carolina. The FNPs in this study attributed their dissatisfaction to the contextual aspects of their jobs. They were unhappy with the way company policies are put into practice (company policies and practices), the ability of the administrators to handle staff (supervision-human relations), the lack of opportunities for advancement on the job (advancement), and the money earned for their work (compensation). Other areas of high dissatisfaction were receiving no praise for a job well done (recognition), poor relationships with co-workers (co-workers), and the ability of the administrators to handle

technical problems (supervision-technical). There are several potential reasons for lower extrinsic job satisfaction scores in this group of FNP's. Healthcare has developed into a business with policies and procedures mandated by non-medical administrators. This managed care business limits autonomy and decision making. This could lead to lower levels of extrinsic satisfaction. The dissatisfaction with advancement and compensation in this group could be related to the large number of subjects who reported working from 5 to 10 years with no improvement in position or salary. Based on the MSQ scores obtained from the subjects in this study, the most influential factors on job satisfaction in rank order were social service, ability utilization, achievement, moral values, responsibility, social status, and independence. The proportion of satisfied responses for these items ranged from 90% to 100%. Likewise, the percentage of dissatisfied responses for these items was less than 4%. The indication that social service was the most satisfying job factor confirms previous research on both nurses and nurse practitioners (Simpson, 1995; Tri, 1991; Fuller et al, 1991). This finding was to be expected since nursing is a caring and helping profession. The positive influence of moral values on job satisfaction found in this study correspond to the findings of Mitchell (1994) who determined there was a relationship between work and moral values and job satisfaction of registered nurses in the hospital setting. The current researcher believes that the factors of achievement, responsibility, and independence are not only related to job satisfaction but that these factors could contribute to the development of an autonomous profession in which nurses could be delegated appropriate authority and be accountable at all levels. This autonomy and accountability could assist in the delivery of quality health care and continued satisfaction.

The results of this study showed the factors in rank order that had the most influence on job dissatisfaction were company policies and practices, supervision-human relations, advancement, compensation, recognition, co-workers, and supervision-technical. The proportion of dissatisfied responses for these items ranged from 21.6% to 49.0% with

company policies and practices as most dissatisfying. These findings support the research of Beal, Steven, and Quinn (1997) who found that neonatal nurse practitioners in an ICU setting were most dissatisfied with administrative constraints and policies. This study found that a lack of support and understanding of the nurse practitioner role was related to the problems with administrative policies (Beal et al. 1997). Two of the dissatisfying factors identified in the current study, advancement and compensation, were also found to be associated with job dissatisfaction in the study of nurse practitioners completed by Fuller et al. in 1991. The nurse practitioners surveyed in Fuller's study felt that their incomes were not equitable for the amount of work they did.

The current researcher feels that many of the factors found to influence job dissatisfaction in this group of FNPs are related to current managed healthcare systems and non-medical business administrators who are mandating policies to care for patients. These strict guidelines are limiting the ability of the FNPs to provide the best care for their patients and also limiting appropriate compensation for services provided.

Herzberg's Dual Factor Theory was determined to be appropriate for this study. In general, the FNPs reported less satisfaction with items comprising the extrinsic satisfaction scales than with items making up the intrinsic satisfaction scales. Almost 20 percent of the FNPs scored below the neutral point on the extrinsic satisfaction scale; whereas, none scored below the neutral point on the intrinsic satisfaction scale.

In general, these findings support Herzberg's theory that the intrinsic factors are sources of job satisfaction, while the extrinsic factors are sources of job dissatisfaction. With the exception of social status, the factors that emerged as sources of satisfaction for the FNPs were all intrinsic job needs. At the other end of the spectrum, the sources of dissatisfaction were extrinsic except for recognition and advancement. These findings support the research of Simpson (1985) that the factors serving as a hygiene for one group may serve as a motivator for another. Herzberg's theory classifies achievement, recognition, work itself, responsibility, advancement, and potential for growth as

motivating factors since they are thought to enhance job performance. In this study, recognition and advancement appeared as hygiene factors. Herzberg's theory classifies working conditions, interpersonal relations, salary status, security, supervision, and policies and administration as "hygiene" or "maintenance" factors.

The two open-ended questions on the Demographic Data survey supported the data gathered by the MSQ and also support Herzberg's theory that intrinsic factors are related to satisfaction while extrinsic factors are related to dissatisfaction. The six common themes noted in order of frequency for the most satisfying aspects of FNPs' jobs were patient interaction and ability to help people, personal growth and learning, autonomy and independence, opportunity to educate patients and students, benefits, and finally support from physicians and co-workers. Most of these common themes were related to aspects which were intrinsic to the work itself and these may have tended to motivate the FNPs. On the other hand, the six common themes noted in order of frequency for the most dissatisfying aspects of FNPs' jobs were managed care and reimbursement issues, supervision and management, lack of benefits and low salary, extra responsibilities, patient issues, and finally lack of recognition. All of these aspects were extrinsic to the job and only served as maintenance factors.

Conclusions

The majority of the FNPs who were surveyed were moderately or highly satisfied with their jobs. Although the FNPs had a moderately high level of general job satisfaction, some aspects of their jobs caused them dissatisfaction. The FNPs were displeased with company policies and practices, supervision-human relations, advancement, compensation, recognition, co-workers, and supervision-technical. With the exception of recognition and advancement, these factors are congruent with Herzberg's hygienes.

Areas reflecting high job satisfaction for the nurse practitioners were social service, ability utilization, achievement, moral values, responsibility, social status, and

independence. These are all congruent with Herzberg's motivators. The FNPs scored higher on the intrinsic job satisfaction scale than any other scale in the study.

Implications for Nursing

The survey results have numerous implications for nursing. Implications suggested for the areas of nursing practice, health administrators, nursing educators, and research are presented in the following section.

Nursing Practice. Little or no research has been completed in the past on the satisfying factors for FNPs in their jobs. The results of this study can be used to assist FNPs in finding employment that will be rewarding to them as professionals. Since some of the most satisfying factors identified in this study were social service, ability utilization, achievement, and independence, FNPs could consider offering their services directly to patients. They could establish their own practice by contracting with organizations where they identify and carry a caseload, thereby using their abilities to the fullest while maintaining a feeling of achievement and independence.

Health Administration. Although FNPs were satisfied with the content of their jobs, dissatisfaction with the work environment lowered their overall job satisfaction. This finding suggests that extrinsic factors in a particular job situation should be closely examined. An improvement in extrinsic factors may serve to prevent potential job dissatisfaction. By improving the extrinsic factors, barriers to positive attitudes might be overcome.

As revealed by this survey, company policies and practices, supervision, advancement, and compensation were major sources of dissatisfaction in the work environment of FNPs. Health administrators should consider strategies aimed at increasing the FNPs' independence in the organization. Health administrators could use participatory leadership which would allow FNPs to have a significant voice in determining organizational policies and practices affecting their work loads. Health administrators should consider strategies to increase the compensation of FNPs as well.

Although the extrinsic factors should be enhanced, health administrators also must consider the intrinsic factors. To facilitate motivation, health administrators could provide FNPs with opportunities for professional growth. As shown by this study, health administrators should focus on promoting social service, ability utilization, achievement, responsibility, social status, and independence. Not only might these approaches lead to higher job satisfaction levels, they might also lead to less absenteeism, retention, and increased worker productivity.

Nursing Education. Nursing educators could apply the results of this study to offer courses to assist FNP students to better understand ways to expand satisfying factors and also ways to remove or change some of the dissatisfying factors so that the profession can advance. Workshops on topics such as politics, power leadership, organizational decision making, change theory, and management techniques should be offered to FNPs to better prepare them for the challenges of their career. Skills and attitudes related to acquiring, using, and retaining authority, leadership, and independence should be nurtured to prepare FNPs for upward mobility within organizational structures. By doing this, FNPs would be prepared to meet their needs for professional growth and self-actualization.

Nursing Research. No studies were found that specifically examined the job satisfaction factors of FNPs. Therefore, additional research studies are needed to determine influencing factors of job satisfaction and dissatisfaction. A larger sample representing a larger geographical area would be beneficial to gain insight into job satisfaction of FNPs across the United States. Information gained from this research could greatly improve the profession. This study provided the groundwork for further study into the factors of job satisfaction. The results of this study can serve as the starting point for further examination into this topic.

Limitations

Limitations of this survey were as follows:

1. This survey examined FNPs practicing in the state of Tennessee. Findings in this study may not be generalizable to all FNPs based on different state regulations regarding the practice of FNPs.
2. While this survey identified many significant factors pertaining to job satisfaction and dissatisfaction of FNPs, other equally important factors may also exist.
3. The data was collected during a single time period. Therefore, the findings from this survey may not persist over time.

Recommendations for Further Research

1. Replicate this study using the census population of FNPs practicing in other states to compare with the degree of job satisfaction on FNPs in Tennessee. This type of study would show any differences based on various state economic environments, reimbursement, and prescription practices.
2. Examine variables unique to FNP practice, such as, professional autonomy and patient acceptance.
3. Investigate the nature of quality of FNP care and how this relates to the job satisfaction of FNPs.
4. Consider experimental testing of the effects of certain management strategies on the job satisfaction of FNPs.
5. Direct future research inquiry toward the cause and effect relationship between personal data and the job satisfaction of FNPs.
6. Conduct interviews, instead of mailed surveys, so that more meaning can be inferred from the satisfiers and dissatisfiers.
7. Conduct a longitudinal study to assess FNP job satisfaction over a longer period of time.

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APPENDIX A

MINNESOTA SATISFACTION QUESTIONNAIRE
(SHORT FORM)

minnesota satisfaction questionnaire

(short-form)



Vocational Psychology Research
UNIVERSITY OF MINNESOTA

Copyright 1977

minnesota satisfaction questionnaire

The purpose of this questionnaire is to give you a chance to tell **how you feel about your present job**, what things you are **satisfied** with and what things you are **not satisfied** with.

On the basis of your answers and those of people like you, we hope to get a better understanding of the things people **like and dislike about their jobs**.

On the next page you will find statements about your **present** job.

Read each statement carefully.

Decide **how satisfied you feel about the aspect of your job** described by the statement.

Keeping the statement in mind:

- if you feel that your job gives you **more than you expected**, check the box under **"Very Sat."** (Very Satisfied);
- if you feel that your job gives you **what you expected**, check the box under **"Sat."** (Satisfied);
- if you **cannot make up your mind** whether or not the job gives you what you expected, check the box under **"N"** (Neither Satisfied nor Dissatisfied);
- if you feel that your job gives you **less than you expected**, check the box under **"Dissat."** (Dissatisfied);
- if you feel that your job gives you **much less than you expected**, check the box under **"Very Dissat."** (Very Dissatisfied).

Remember: Keep the statement in mind when deciding **how satisfied you feel about that aspect of your job**.

Do this for **all** statements. Please answer **every** item.

Be frank and honest. Give a true picture of your feelings about your **present job**.

ask yourself: How **satisfied** am I with this aspect of my job?

Very Sat. means I am very satisfied with this aspect of my job.

Sat. means I am satisfied with this aspect of my job.

N means I can't decide whether I am satisfied or not with this aspect of my job.

Dissat. means I am dissatisfied with this aspect of my job.

Very Dissat. means I am very dissatisfied with this aspect of my job.

On my present job, this is how I feel about . . .

| | Very Dissat. | Dissat. | N | Sat. | Very Sat. |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Being able to keep busy all the time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The chance to work alone on the job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The chance to do different things from time to time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The chance to be "somebody" in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The way my boss handles his/her workers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The competence of my supervisor in making decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Being able to do things that don't go against my conscience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The way my job provides for steady employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The chance to do things for other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The chance to tell people what to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The chance to do something that makes use of my abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The way company policies are put into practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. My pay and the amount of work I do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The chances for advancement on this job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The freedom to use my own judgment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The chance to try my own methods of doing the job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The working conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The way my co-workers get along with each other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The praise I get for doing a good job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. The feeling of accomplishment I get from the job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Very Dissat. | Dissat. | N | Sat. | Very Sat. |

APPENDIX B

DEMOGRAPHIC DATA SURVEY

Demographic Data

Instructions: Please read each of the following questions and give the best answer.

1. Your age range:

☐ Under 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 and over

2. Sex:

☐ Male ☐ Female

3. Race:

☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American
☐ Other (Please specify) _____

4. Years employed as a registered nurse (RN) prior to practicing as a family nurse practitioner (FNP):

☐ Less than 1 year ☐ 1 to 4 years ☐ 5 to 10 years ☐ More than 10 years

5. Primary work setting as an RN prior to practicing as an FNP (choose one):

| | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> ICU | <input type="checkbox"/> Medical surgical | <input type="checkbox"/> Clinic |
| <input type="checkbox"/> OB | <input type="checkbox"/> ER | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Community Health | <input type="checkbox"/> Other (Specify) _____ |

6. Level of satisfaction in role as an RN prior to practicing as an FNP:

☐ Very dissatisfied ☐ Dissatisfied ☐ Uncertain ☐ Satisfied ☐ Very satisfied

7. Educational preparation for family nurse practitioner:

☐ Diploma with Certificate ☐ ADN with Certificate ☐ BSN with Certificate
☐ MSN with Certificate ☐ Doctorate with Certificate

8. Years employed as a family nurse practitioner:

☐ Less than 1 year ☐ 1 to 4 years ☐ 5 to 10 years ☐ More than 10 years

9. Work status:

☐ Full-time ☐ Part-time

10. Primary work setting as a family nurse practitioner:

☐ Community healthcenter ☐ Rural practice ☐ ER ☐ Private physician office
☐ Other (Please specify) _____

11. Number of nurse practitioners in work setting:

____one ____two ____three ____four ____five or more

12. Self-perceived skill level as a family nurse practitioner:

____Novice ____Advanced Beginner ____Competent ____Proficient ____Expert

13. Present yearly income as a family nurse practitioner:

____\$20,000-\$30,000 ____\$30,001-\$40,000 ____\$40,001-\$50,000 ____\$50,001-\$60,000
____\$60,001-\$70,000 ____\$70,001-\$80,000 ____\$80,001-\$90,000 ____>\$90,000

14. Areas of certification as a nurse practitioner besides family:

____Acute Care ____Gerontology ____Pediatric ____Psychiatric ____Neonatal ____Adult

15. Please list the three most satisfying aspects of your job:

16. Please list the three most dissatisfying aspects of your job:

APPENDIX C

APPROVAL OF COMMITTEE ON USE OF
HUMAN SUBJECTS IN EXPERIMENTATION
OF MISSISSIPPI UNIVERSTIY
FOR WOMEN



MISSISSIPPI UNIVERSITY FOR WOMEN

Office of the Vice President for Academic Affairs
Eudora Welty Hall
W-Box 1603
Columbus, MS 39701
(601) 329-7142

ting Men Since 1982

March 22, 1999

Mr. Jeffrey M. Bishop
c/o Graduate Program in Nursing
Campus

Dear Mr. Bishop:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research as submitted provided you apply for and receive permission to use the standardized Minnesota test which was copyrighted in 1977. Failure to obtain permission must be explained satisfactorily to avoid copyright infringement.

I wish you much success in your research.

Sincerely,

Susan Kupisch, Ph.D.
Vice President
for Academic Affairs

SK:wr

cc: Mr. Jim Davidson
Dr. Mary Pat Curtis
Dr. Lynn Chilton

APPENDIX D

COVER LETTER TO PARTICIPANTS AND INFORMED CONSENT

3 Larchmont Drive
Memphis, TN 38111

Dear Family Nurse Practitioner:

I am a graduate student working towards a master's degree in nursing at Mississippi University for Women. I am conducting a survey on the job satisfaction of family nurse practitioners in Tennessee. The Institutional Review Board at Mississippi University for Women approved this research project.

Your name was obtained from a listing of all licensed family nurse practitioners in Tennessee by the Tennessee State Board of Nursing. If you are currently employed as a family nurse practitioner in the state of Tennessee, please complete the enclosed questionnaires. The two instruments, The Minnesota Satisfaction Questionnaire (MSQ Short-Form), and the Demographic Data Survey should take approximately 15 minutes to complete. Please disregard page four on the MSQ and complete the enclosed Demographic Data form. No other participation will be required of you.

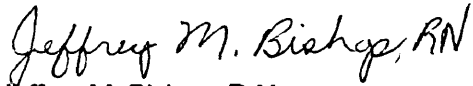
Your return of the completed questionnaires will indicate informed consent. All responses will be kept confidential. You will notice that your name is not requested on any questionnaire. The code number on the return envelope is for the sending of follow-up post cards. Once the follow-up notices are sent, the mailing list of names will be destroyed. The returned responses will be tabulated and reported as group data.

Please complete the enclosed questionnaires and return them within two weeks in the enclosed self-addressed, post-paid envelope. If you choose not to participate in this study and wish to avoid receiving a follow-up letter, please return the blank questionnaires in the provided envelope.

I appreciate your willingness to participate in this study that may reveal important factors influencing the job satisfaction of family nurse practitioners. If you are interested in receiving a copy of the study's results, submit your request in writing to the above address.

Thank you for your time and consideration.

Sincerely,


Jeffrey M. Bishop, R.N.

APPENDIX E

PERMISSION TO USE THE MSQ

Twin Cities Campus

*Department of Psychology
College of Liberal Arts*

*Elliott Hall
75 East River Road
Minneapolis, MN 55455-0344
612-625-2818
Fax: 612-626-2079*

April 29, 1999

Jeffrey M. Bishop
3 Larchmont Drive
Memphis, TN 38111


Dear Jeffrey M. Bishop:

We are pleased to grant you permission to use the Minnesota Satisfaction Questionnaire short form 1977 version for use in your research.

Vocational Psychology Research is currently in the process of revising the MSQ manual and it is very important that we receive copies of your research study results in order to construct new norm tables. Therefore, we would appreciate receiving a copy of your results including 1) demographic data of respondents, including age, education level, occupation and job tenure; and 2) response statistics including scale means, standard deviations, reliability coefficients, and standard errors of measurement. If your tests are scored by us, we will already have the information detailed in item #2.

Your providing this information will be an important and valuable contribution to the new MSQ manual. If you have any questions concerning this request, please feel free to call us at 612-625-1367.

Sincerely,



Dr. David J. Weiss, Director
Vocational Psychology Research

APPENDIX F

REMINDER POSTCARDS

Dear Family Nurse Practitioner:

Approximately a week and a half ago, you were asked to participate in a research study on the job satisfaction of family nurse practitioners in the state of Tennessee. I have not yet received your completed questionnaires. If you have already completed and returned the questionnaires to me, please accept my sincere thanks.

Each questionnaire is significant to the study's results. Whether I will be able to describe accurately how family nurse practitioners feel about their jobs depends upon you and others who have not as yet responded.

In order to participate in this study, you need to complete and return the questionnaires as soon as possible. If you do not qualify or choose not to participate, please indicate your refusal on the questionnaires and return them in the provided envelopes.

Your contribution to the success of this study will be greatly appreciated.

Thank you,

Jeffrey M. Bishop, R.N.